

# Striking a Balance Between Professional Responsibility and Antibiotic Use

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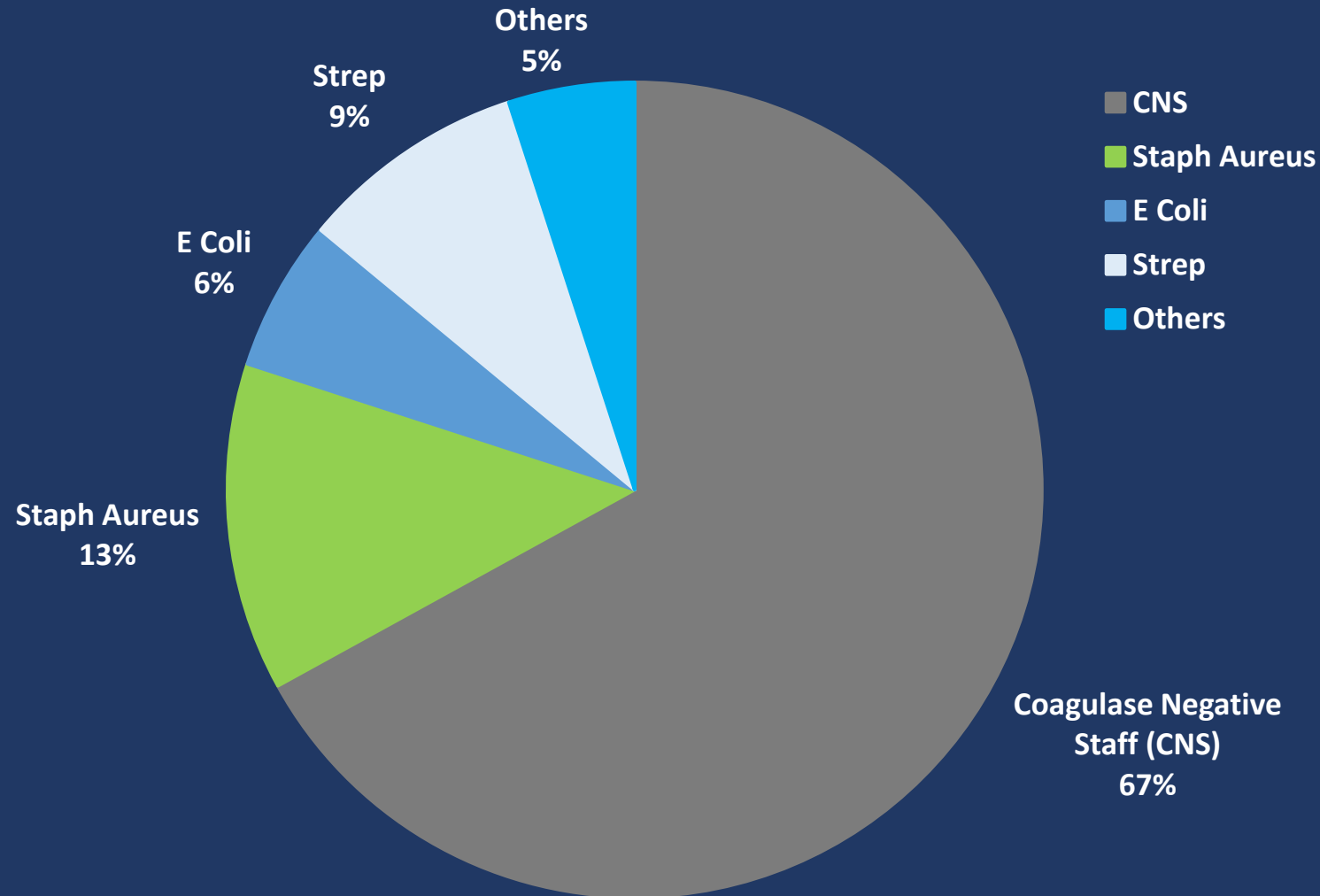
# Oral/Periodontal Health and its Relationship to Systemic Health: The Mouth – Body Connection



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# Dental Clearance Prior to Invasive Medical Procedures



Pi chart depicting microbiology of the infected total hip replacement. 1974–2005  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3172734/>

# Cleveland Clinic DENTAL CLEARANCE FORM

Cleveland Clinic Heart & Vascular Institute  
Thoracic and Cardiovascular Surgery Outpatient Center  
9500 Euclid Avenue, Desk J4-1  
Cleveland, OH 44195  
Phone: 216-445-9614; Fax: 216-445-9608

For scanning accuracy, affix patient label within this outlined box.



CCF370845

Surgeon's Name: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Patient's Clinic Number: \_\_\_\_\_

This patient is tentatively scheduled for open-heart surgery the week of: 1/23/17

Please complete this form and return via fax to 216-445-9608 as soon as possible, and bring a copy to your pre-operative clearance appointment.

Date of Patient's Last Dental Exam: 1/24/2017

(Important Note: Dental exam including full mouth x-rays and / or panorex must have been completed within six months of the open-heart surgery date above. In addition, the patient must not have any signs of acute infection in order to be cleared for surgery.)

Does the patient have any acute dental infections?  Yes  No

If yes please document and call the surgeon at the number listed above.

Dentist's Name: Glen Miller

Dentist's Signature: Dr. Glen Miller Date: 1/26/17 Time: 1:19

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Thank you for your cooperation.

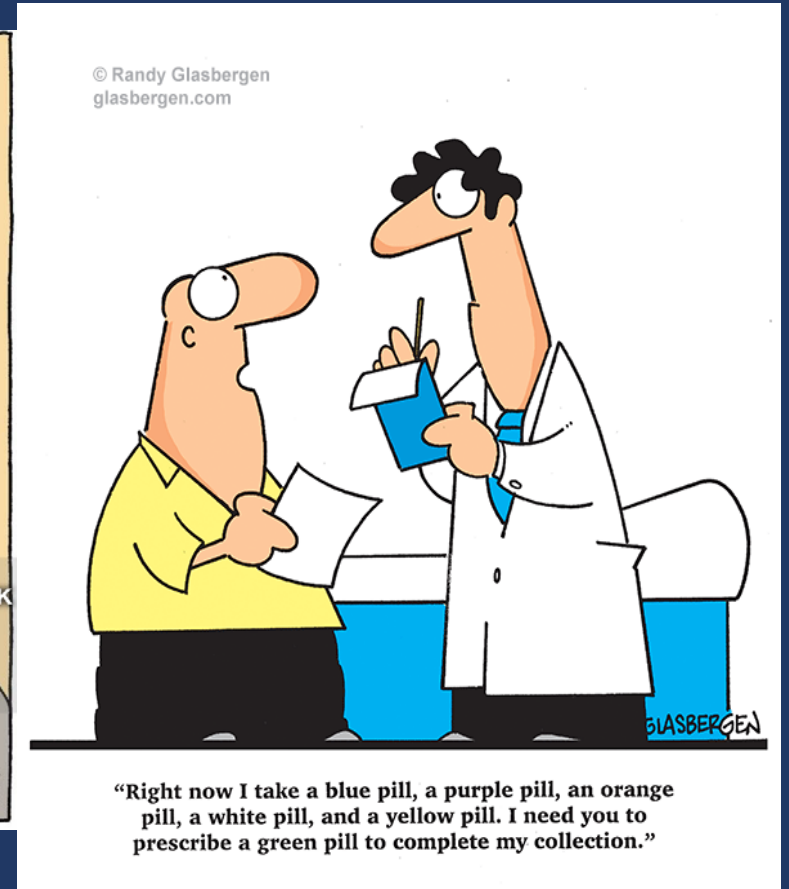
# Prosthetic Replacement – Post Surgery

# Prosthetic Replacement – Post Surgery

1/5/2017



# Lack of Dental and Patient Perspective on Need for Antibiotics



# Lack of Access to Care





# Conclusion and Recommendations

